

FIG. 1

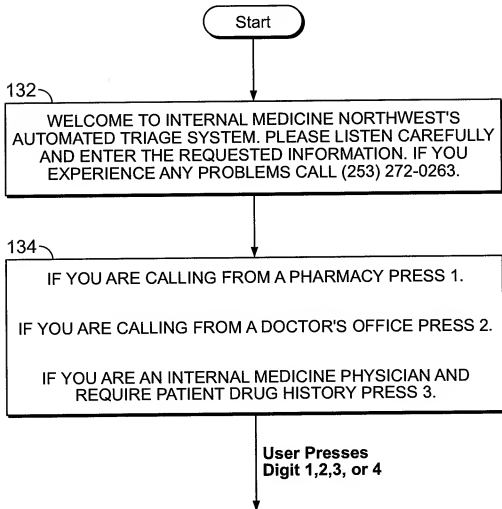


FIG. 2

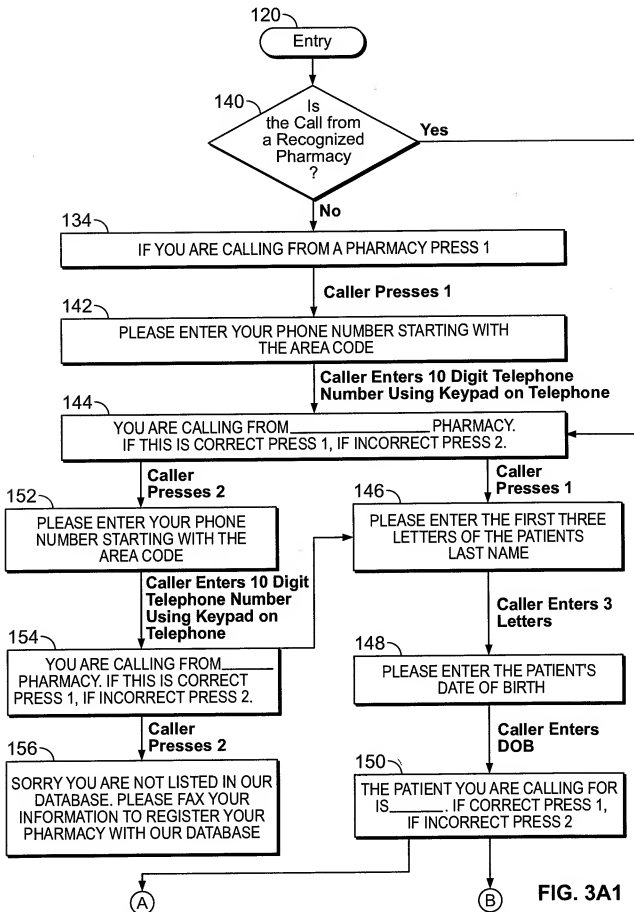


FIG. 3A1

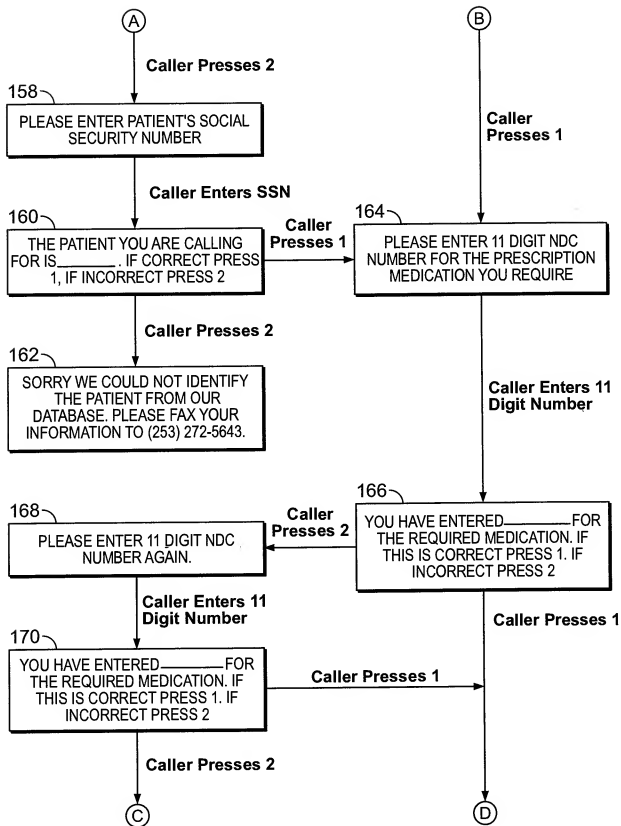


FIG. 3A2

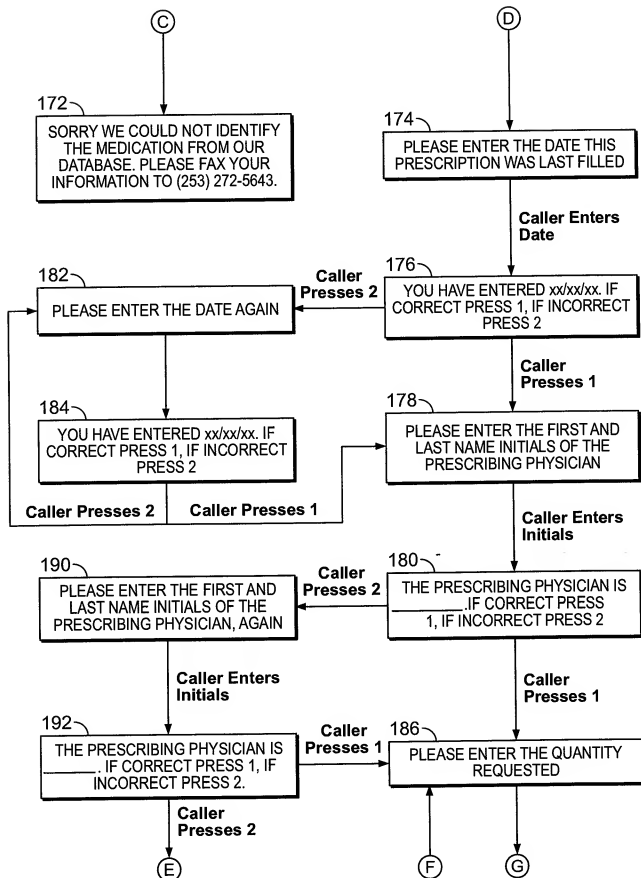


FIG. 3B1

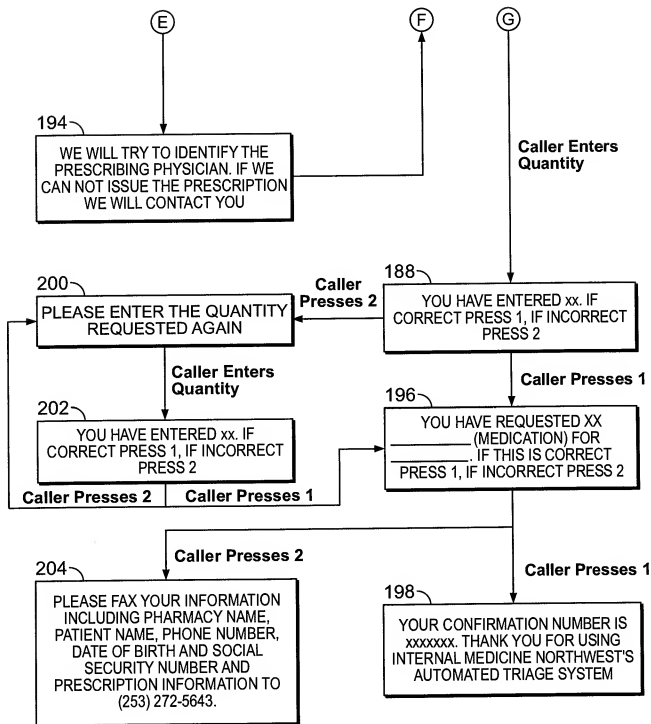


FIG. 3B2

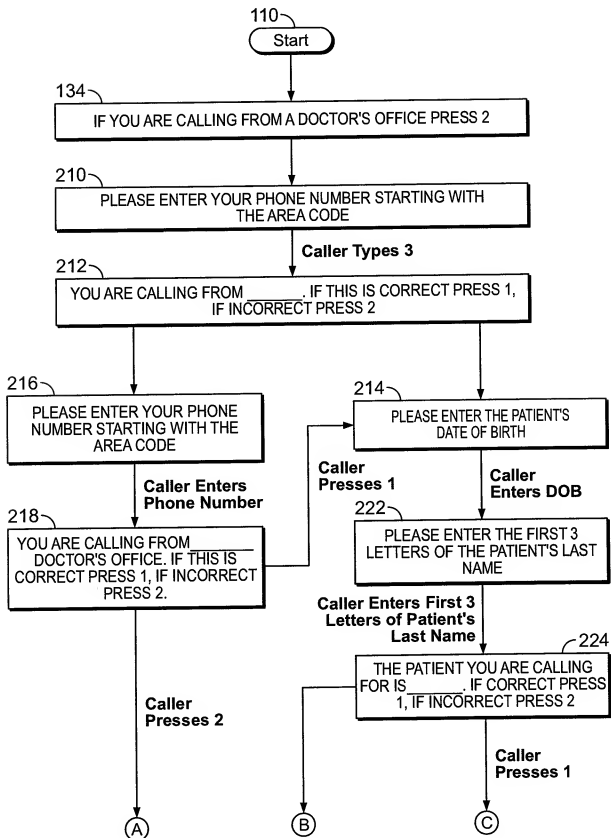


FIG. 4A

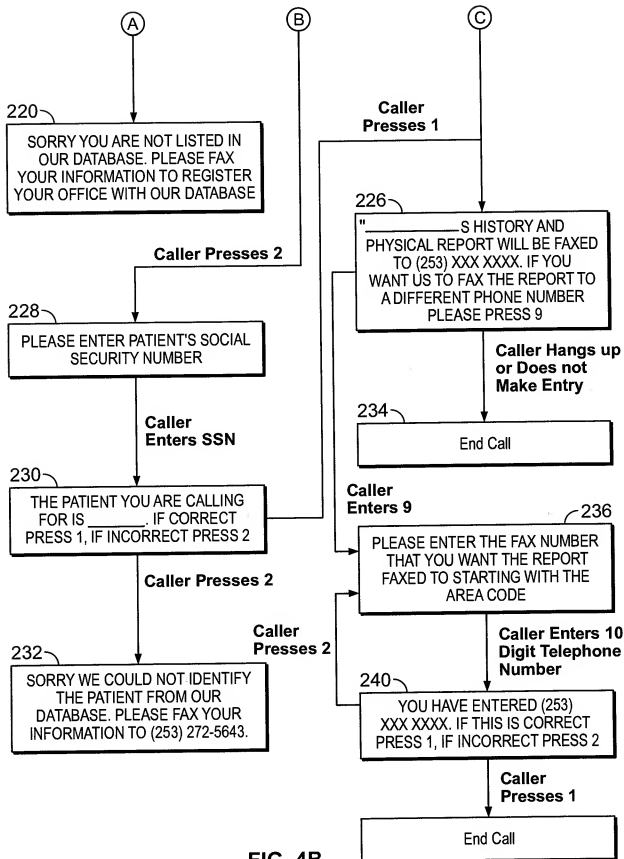


FIG. 4B

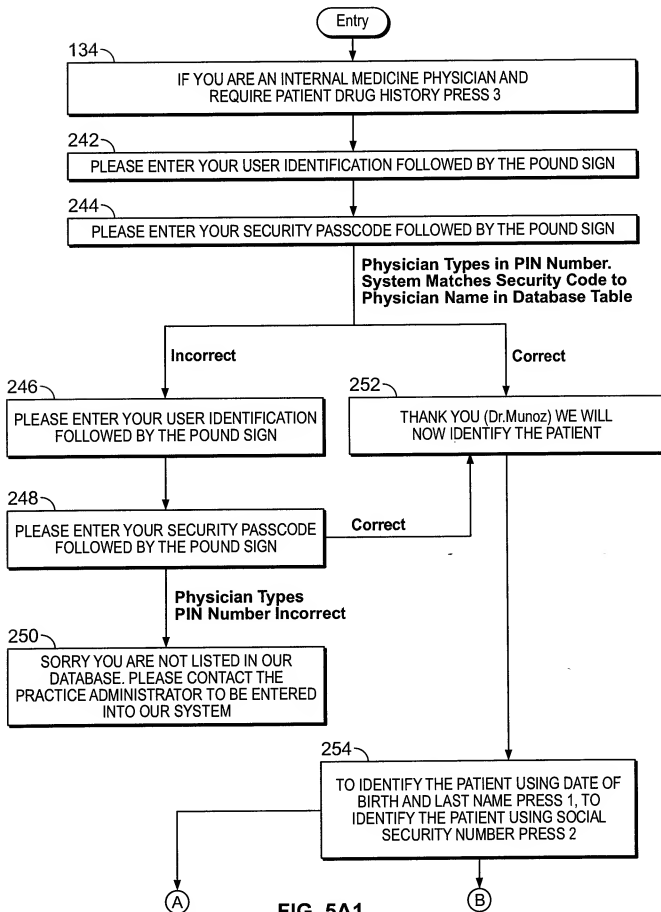
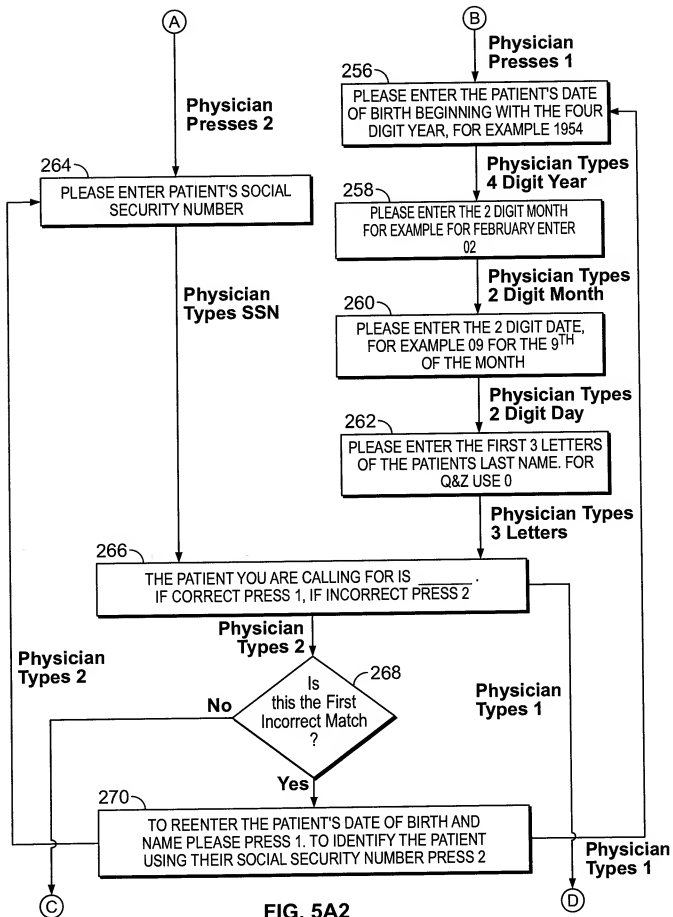


FIG. 5A1



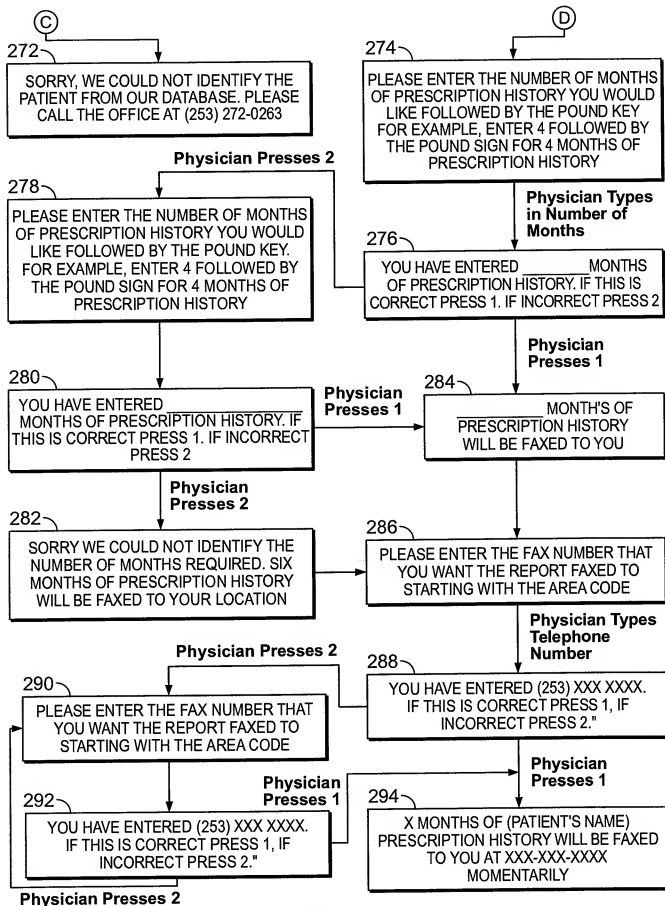


FIG. 5B

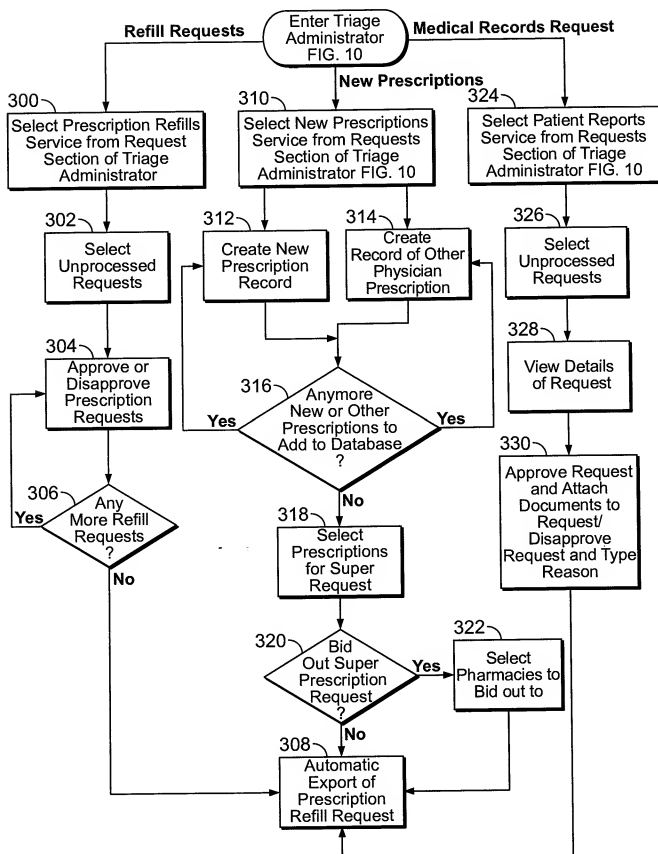


FIG. 6

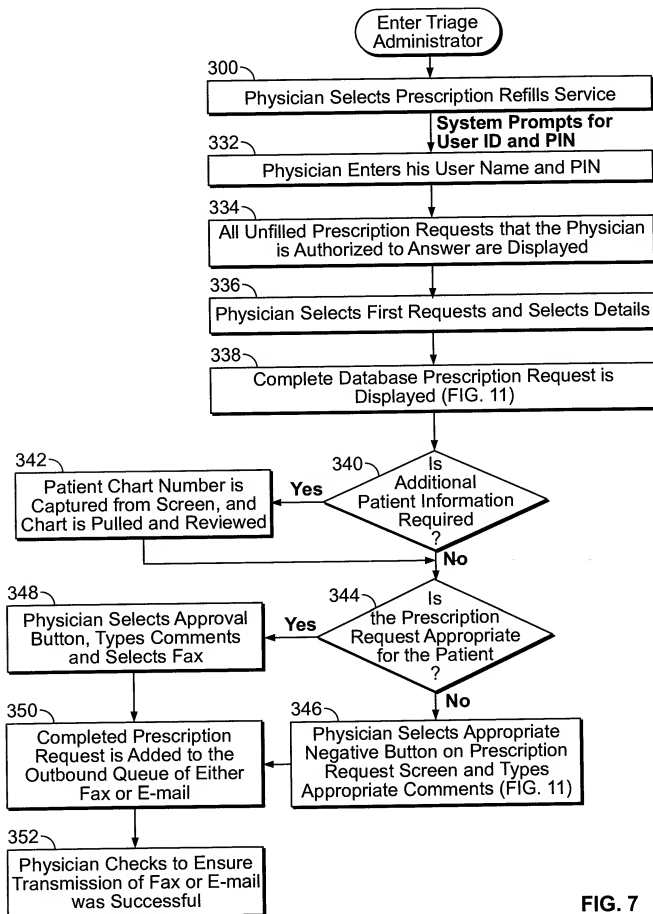


FIG. 7

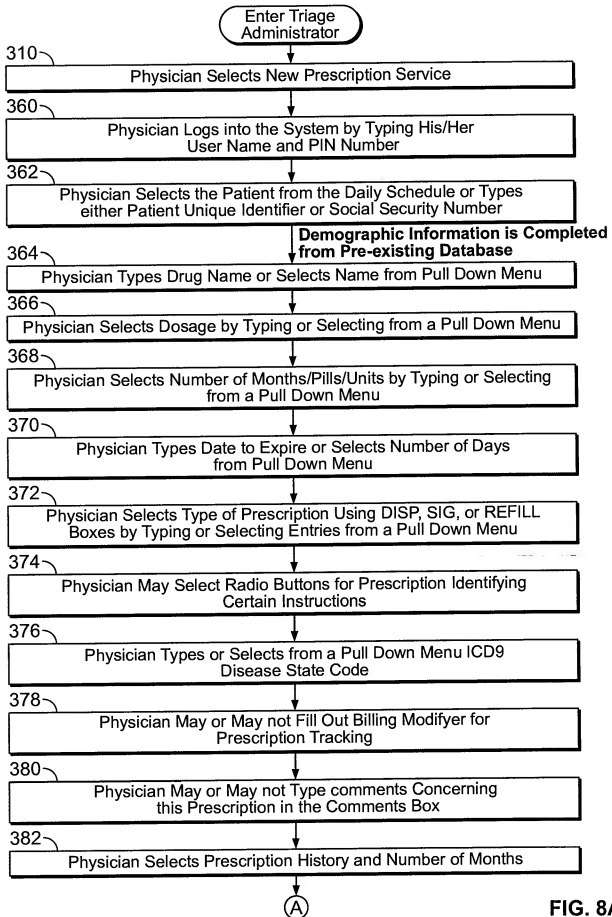


FIG. 8A

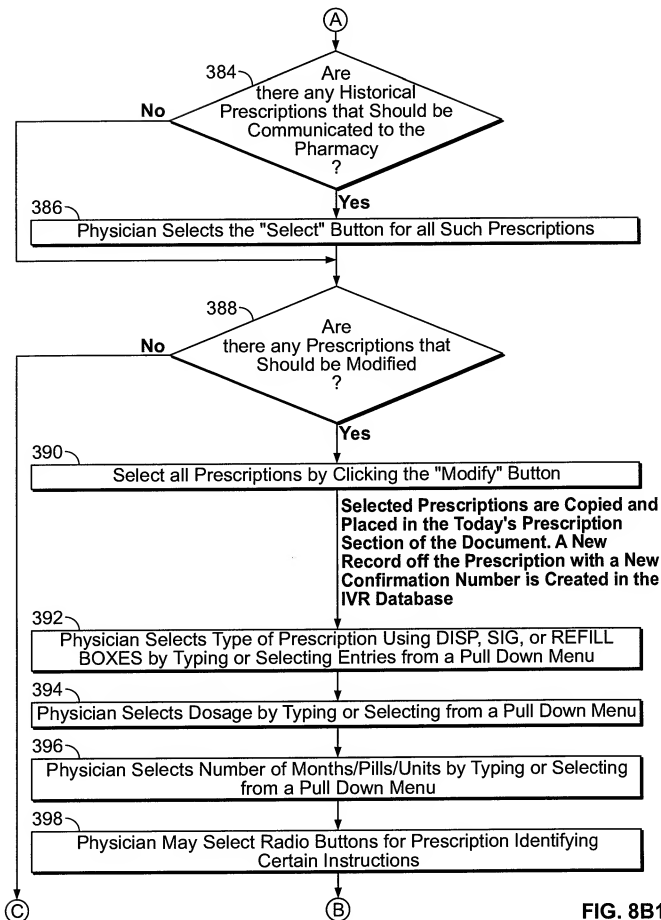


FIG. 8B1

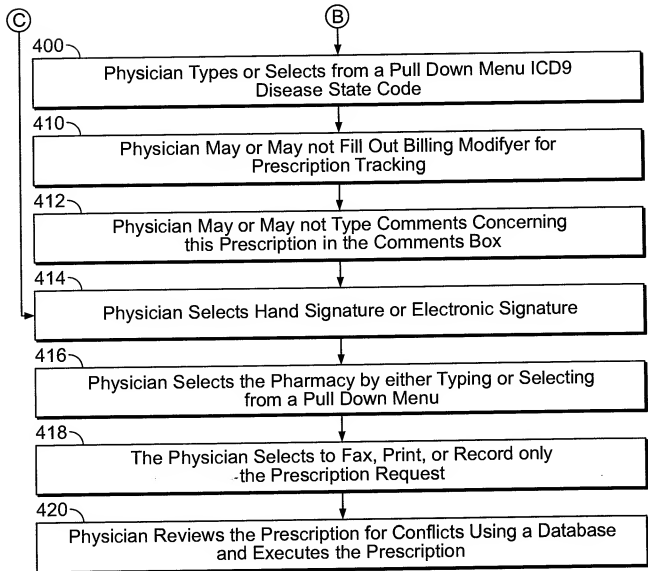


FIG. 8B2

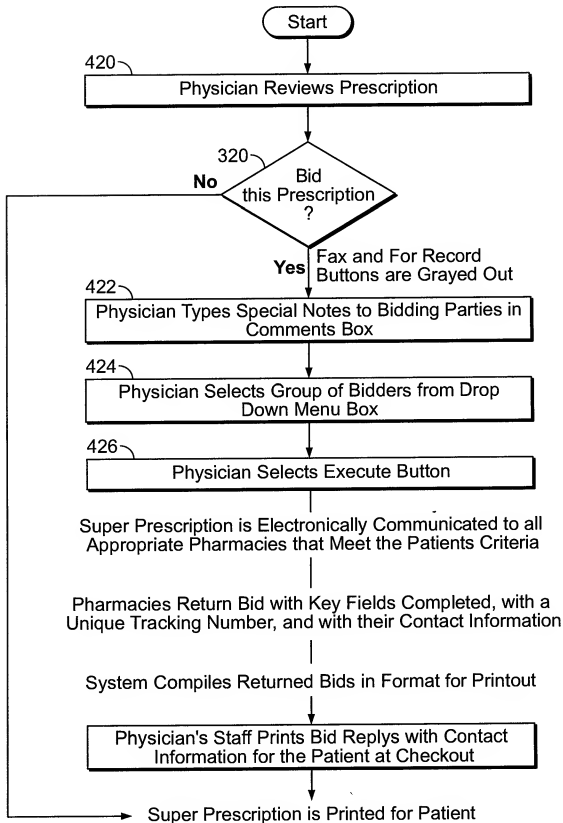


FIG. 9



Triage - Administrator							
Internal Medicine Northwest's Automated Triage System							
Data Administration:	<table border="1"><tr><td>Doctor's Offices</td><td>Nursing Homes</td></tr><tr><td>Pharmacies</td><td>Physicians</td></tr><tr><td>Patients</td><td>Medication List</td></tr></table>	Doctor's Offices	Nursing Homes	Pharmacies	Physicians	Patients	Medication List
Doctor's Offices	Nursing Homes						
Pharmacies	Physicians						
Patients	Medication List						
Requests:	<table border="1"><tr><td>Prescription Refills</td><td>Patient Reports</td></tr><tr><td>Voice Mail</td><td>Fax Admin</td></tr><tr><td>Print Schedule</td><td>Print Now</td></tr></table>	Prescription Refills	Patient Reports	Voice Mail	Fax Admin	Print Schedule	Print Now
Prescription Refills	Patient Reports						
Voice Mail	Fax Admin						
Print Schedule	Print Now						
<div>THE WHITTIER GROUP <i>A Change Management Company</i></div> <div></div>							

FIG. 10

Triage Automated IVR		(Details)	
Patient Report Requests			
Date	2000/09/13		
Time	10:29:11		
Report Type	EKG		
Destination Type	Doctor's Office		
Destination Name	CARDIAC STUDY CENTER		
Phone Number	2535727320		
Fax Number	2536270712		
Patient Name	BASHORE, THELMA		
Social Security #	305249199		
wp #	Null		
		<input checked="" type="checkbox"/> Processed	
		<div>Print</div> <div>Done</div>	

FIG. 11

Triage Automated IVR		(Details)	
Prescription Refill Request			
Confirmation Number	00001004	<input checked="" type="checkbox"/> Processed	Fax Reply
Date	1999/04/19	Processing Staff:	
Time	23:56:09	RF X 3 karen	
Location	RiteAid Pacific	Date:	1999/04/20 Time 02:26:43
Phone Number	2534748500	Comments:	
Fax Number	2534740253	rf x 3	
Social Security #	542185330		
Patient Name	ALEXANDER, JANICE		
wp#			
Medication and Dosage	2 MG \ COUMADIN	<input checked="" type="radio"/> Approved	
Prescribing Physician	Benjamin, Sabrina	<input type="radio"/> Patient must schedule an appointment	
Quantity	100	<input type="radio"/> Patient is not on this medication or medication is not appropriate	
Last Refill Date	1999/03/23	<input type="radio"/> Our Physicians do not treat this patient	
		<input type="radio"/> We will call you in reference to this request	
		Print	Done

FIG. 12

FIG. 13

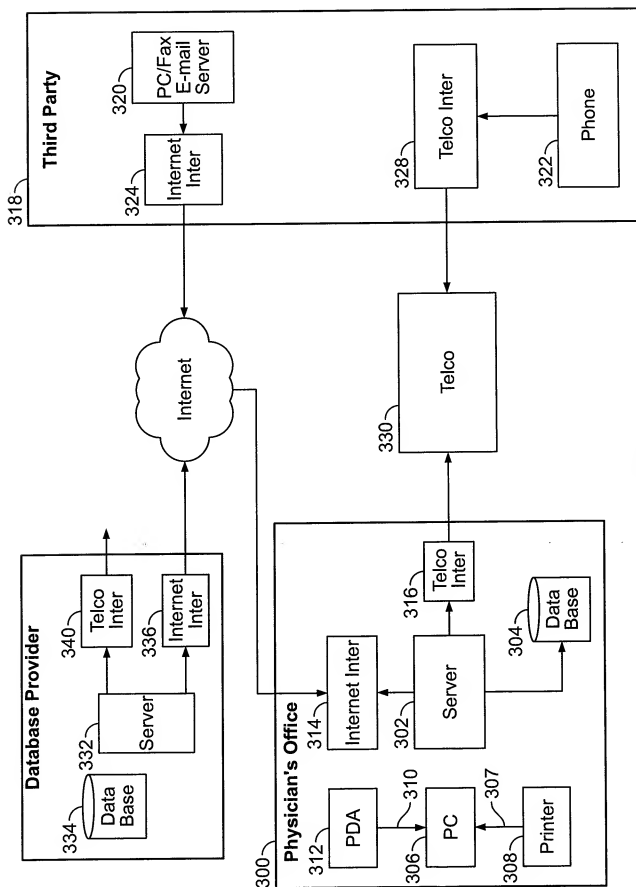


FIG. 14